



INLAND EMPIRE / DESERT CHAPTER

M.S.A.

APPLICATION FOR MEMBERSHIP

NEW MEMBER
RENEWAL

LIFE MEMBER
NAME CHANGE

Agency/Company Name _____

Phone () _____

Job Title _____

Fax () _____

Name of Applicant _____

E-Mail Address _____

Address (work) _____ City _____ Zip _____ County _____

Description of Job Duties: _____

Product or Services Provided: _____

Please indicate the type of membership desired:

REGULAR (\$50/\$35 each additional) Annual Dues: _____
A Regular Member shall be employed at least six (6) months in a Government Agency in a supervisory capacity in the operation and maintenance of streets, highways, and public facilities.

ASSOCIATE (\$50/\$35 each additional) Annual Dues: _____
An Associate Member shall be an employee of an Utility Company who serves in a supervisory capacity and demonstrates an interest in the purpose and objectives of the Association.

VENDOR (\$70/\$40 each additional) Annual Dues: _____
A Vendor Member shall be an individual, partnership, or corporation, or an employee of same, who demonstrates an interest in the purpose and objectives of the Association.

NAME CHANGE (\$20) includes Membership Packet

LIFE MEMBER (No Dues)
A Life Member shall be an individual who has been a Regular, Associate, or Sustaining Member for a period of at least five years but who is no longer actively engaged in such service and who was so designated to receive this membership by the Executive Committee of any Chapter.

In accordance with these instructions and in conformity with all the requirements and regulations set forth in the Constitution and Bylaws of the Inland Empire/Desert Chapter of the Maintenance Superintendents' Association, the undersigned makes application for membership.

Date: _____ Applicants Signature: _____

MSA Member reference: _____ Telephone: () _____

BOARD OF DIRECTORS' ACTION: At the meeting of the Board of Directors held on _____, 200____, this application for Association Membership was:

Approved Denied

President: _____

RETURN APPLICATION & CHECK TO:

**M.S.A. Secretary
Inland Empire/Desert Chapter
P.O. Box 1266
Guasti, CA 91743-1266**

(FOR MSA USE ONLY)

Amount Paid _____ Date _____ Check No. _____